

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FAIRVIEW HEIGHTS CLIFTON FORGE, VA 24422</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 06/12/17 through 06/14/17. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint was investigated during the inspection. The Life Safety Code survey/report will follow.  The census in this 60 certified bed facility was 50 at the time of the inspection. The survey sample consisted of 13 current Resident reviews (Residents #1 through #12 and #14) and one (1) closed record review (Resident #13).	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.  Rights and Responsibilities of Patients in Nursing Homes COV32.1-138(A)(10). Please Cross Reference to F241.  Nursing Services 12VAC-371-220(B). Please Cross Reference to F309.	F 001	THIS PLAN REPRESENTS OUR ALLEGATION OF COMPLIANCE AND OUR ON-GOING PLEDGE TO PROVIDE QUALITY CARE THAT IS RENDERED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS  COV32.1-138(A)(10) CROSS REFERENCE TO F TAG:241  12VAC-371-220(B) CROSS REFERENCE TO F TAG:309	7/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/20/17